



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MARGARET MARY COMMUNITY HOSPITAL

City of Hospital: Batesville, Indiana

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Brian Daeger

Email Address: brian.daeger@mmch.org

Medicare Provider Number: 15-1329

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28816017
Outpatient Patient Service Revenue	\$179331421
Total Gross Patient Service Revenue	\$208147438

2. Deductions From Revenue

Contractual Allowance	\$101643201
Other Deductions	\$2062032
Total Deductions	\$103705233

3. Total Operating Revenue

Net Patient Service Revenue	\$104442205
Other Operating Revenue	\$1193399
Total Operating Revenue	\$105635604

4. Operating Expenses

Salaries and Wages	\$42278432	Employee Benefits	\$11801624
Depreciation and Amortization	\$7318291	Interest Expense	\$1024875
Bad Debt	\$5730671	Other Expenses	\$34532933
Total Operating Expenses	\$102686826		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2948778	Total Assets	\$170609701
Net Non-operating Gains over Loss	\$11058920	Total Liabilities	\$39170665

Total Net Gains	\$14007698
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$72227161	\$49186319	\$23040842
Medicaid	\$12280699	\$7172810	\$5107889
Other Government	\$24977693	\$16418708	\$8558985
Other State	\$12488846	\$8380177	\$4108669
Other Payers	\$86173039	\$22547219	\$63625820
Total	\$208147438	\$103705233	\$104442205

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$327602	\$180871	\$146731

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$106400	\$-106400

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$568486	\$-568486
Hospital Patients	\$0	\$72488	\$-72488
Community Education	\$392216	\$1517808	\$-1125592

Number of Medical Professionals Trained	\$573
Number of Hospital Patients Educated	\$1600
Number of Citizens Exposed to Health Education Messages	\$136757

Statement Six: Charity Statement

Hospital Charity Charges	\$2062032
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$4948	\$746511	
HCI Payments	\$0		
Subtotal	\$4948	\$746511	\$-741563
Medicaid Shortfalls	\$1931982	\$3948790	
Subtotal	\$1936930	\$4695301	\$-2758371
DSH Payments	\$0		
Subtotal	\$1936930	\$4695301	\$-2758371
Medicare Shortfalls	\$23698952	\$26438459	
Other Government Programs	\$0	\$0	
Total	\$25635882	\$31133760	\$-5497878

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$385762	\$1206061	\$-820299
Community Assessment	\$0	\$128133	\$-128133
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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